MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

09943

Reg. Dist. No. 245

1. PLACE OF DEATH: COUNTY Prince George's; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brentwood; LENGTH OF STAY (in this place) 41 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS 4314-41st Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Pr. Georges; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brentwood; STREET ADDRESS (If rural, give location) 4314-41st Street

3. NAME OF DECEASED (Type or Print): (First) MARION (Middle) CLAY (Last) ALLEN

4. DATE OF DEATH: (Month) Oct. (Day) 9 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Aug. 22 1880

9. AGE last birthday: 69 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Machinist Tool Maker

10b. KIND OF BUSINESS OR INDUSTRY: U.S. govt.

11. BIRTHPLACE (State or foreign country): Washington, D.C.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: William Thomas Allen

14. MOTHER'S MAIDEN NAME: Ida Elizabeth Crown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service): —

16. SOCIAL SECURITY No.: —

17. INFORMANT AND ADDRESS: Bessie H. Allen, Wife 4314-41st St., Brentwood, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebral Epilepsy	7
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Generalized Arteriosclerosis	?
	(c) Terminal Uremia	?

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 1, 1949, to Oct. 9, 1949, that I last saw the deceased alive on Oct. 8, 1949, and that death occurred at 12:55 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED

David A. Clayman, M.D. | 6311 Balto. Ave, Riverdale, Md | 10/10/49

23. BURIAL, ~~CREMATION~~ ~~REMOVAL (Specify)~~: Burial | DATE: Oct. 11, 1949 | NAME OF CEMETERY OR CREMATORY: Congressional | LOCATION (City, town, or county) (State): Washington D.C.

DATE REC'D BY LOCAL REG.: Oct 10, 1949 | REGISTRAR'S SIGNATURE: James Seery

24. FUNERAL DIRECTOR: F. Boschert | ADDRESS: Hyattsville Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
OCT 12 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

09944

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 245

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN University Park | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 6400 Queens Chapel Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bladensburg
STREET ADDRESS (If rural, give location) 4702 Upshur St.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Isabelle		Anderson	Oct.	14	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	Colored	Widowed	Oct 14, 1906	43 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Domestic		Alexandria, Va	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
? McCloud	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
		Margaret Hurt - Daughter

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Acute cardiac dilatation	
252.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last — 13 b (b) Graves Disease	
(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Pulmonary Tuberculosis -

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
m.		

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
John J Maloney, M.D. Dep. Med Examiner	Hyattsville, Md	10-14-49.

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
	17 Oct 1949	Mt Olivet	Washington, D.C.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Oct 17 1949	Mrs. Jas Severe Deputy	J. Davis Sons	Hyattsville Md.

RECEIVED
OCT 18 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09945

CERTIFICATE OF DEATH

Reg. Dist. No. 242

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH — COUNTY: Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Lanham | LENGTH OF STAY (In this place): 45 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland Prince — COUNTY: Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Lanham, Md.
STREET ADDRESS (If rural, give location): Princess Garden Rd

3. NAME OF DECEASED (Type or Print): (First) HENRY (Middle) TRAVERS (Last) BALDWIN

4. DATE OF DEATH: (Month) Oct (Day) 13. (Year) 19 49

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months. Days	If under 24 hrs.: Hours. Min.
Male	White	Widower	Aug 1, 1873	76 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired		Washington DC	U.S.A.

13. FATHER'S NAME: Perry Baldwin
14. MOTHER'S MAIDEN NAME: Sarah T. Jacobs

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If year, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT AND ADDRESS: Mrs Margaret R. Reitz

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
334 Immediate cause	(a) Hypostatic Pneumonia	1 week
Antecedent cause(s)		
83d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Anemia	2-3 weeks
	(c) Arterio-Sclerosis	10-15 years
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Left Hemiplegia	5 years

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):
TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-10-, 19 49, to 9-12, 19 49, that I last saw the deceased alive on Oct. 12, 19 49, and that death occurred at 12:37 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Albert Roth, M.D	5507 Woodside St, Riverdale Md	10-13-49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Oct 15, 1949	Ft Lincoln	Colmar Manor Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
10/13/49	Amanda Dorsey	F. Gaeths sons	Hyattsville Md.

Carrie F. Campbell

RECEIVED
OCT 19 1949
BUREAU V. S.

09946

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH: COUNTY Prince Geo. County MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly, Maryland
LENGTH OF STAY (in this place) 8 hr.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince George General

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Pr. Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rogers Hts
STREET ADDRESS (If rural, give location) 5307 Emerson

3. NAME OF DECEASED (Type or Print) (First) Juanita ~~Baby~~ (Middle) ~~Girl~~ Ann (Last) Benjamin

4. DATE OF DEATH (Month) Oct. (Day) 31, (Year) 1949

5. SEX F
6. COLOR OR RACE N.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH Oct. 31, 1949
9. AGE last birthday yrs. If under 1 year Months Days If under 24 hrs. Hours 6 Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None
10b. KIND OF BUSINESS OR INDUSTRY None
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Benjamin, Howard
14. MOTHER'S MAIDEN NAME Mitchell, Edna

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None
16. SOCIAL SECURITY NO. None
17. INFORMANT Hosp. Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
762.5 Immediate cause	(a) Anoxia	
159 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Prematurity	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-31, 1949, to 10-31, 1949, that I last saw the deceased alive on 10-31, 1949, and that death occurred at 8:25 P.m., from the causes and on the date stated above.

SIGNATURE George J. Hagerage (Degree or title) MD. ADDRESS 3717-38th Ln DATE SIGNED 11-1-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Nov 2/49
NAME OF CEMETERY OR CREMATORY Cedar Hill
LOCATION (City, town, or county) suitland Md (State)

DATE REC'D BY LOCAL REG. 11/2/49
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR F. Gascha sons
ADDRESS Hyattsville Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

Baby had to be resuscitated for approximately 10 minutes before it took a breath, coramine was injected into the umbilical vein. Heart beat was extremely slow until coramine took effect - mucus was aspirated several times during the afternoon. Color poor.

RECEIVED
NOV 3 1949
BUREAU V. R

MARYLAND STATE DEPARTMENT OF HEALTH

09947

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 243

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Prince George's — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: (rural) Glenn Dale
LENGTH OF STAY (in this place): 1yr, 5mos., 14 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Glenn Dale Sanatorium

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: D. C. — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington
STREET ADDRESS (If rural, give location): 437 - 15th St. S. E. ✓

3. NAME OF DECEASED (Type or Print): (First) HENRY (Middle) C. (Last) BEVILLE

4. DATE OF DEATH: (Month) Oct. (Day) 24 (Year) 1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Married	March 29, 1908	41 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Building Contractor		Bushnell, Florida	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Henry Beville	Annie L. Hinson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
NO	578-16-2520	Decedent

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause (a)	Pulmonary Tuberculosis	2 yrs.
Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)		
(c)		

002
13 b

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from MAY 10, 1948, to Oct. 24, 1949, that I last saw the deceased alive on Oct. 24, 1949, and that death occurred at 12:45 A. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Daniel Leo Finucane	M.D.	Glenn Dale Sanatorium, Glenn Dale, Maryland	10/24/49

23. BURIAL, CREMATION / REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
removal	Oct. 24, 1949	—	Bushnell Fla.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
10-24-49	Rowland S. Phillips	W. W. Chambers	517 - 11th S.E. Washington, D.C.

RECEIVED
NOV 1 1949
BUREAU Y. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09948

CERTIFICATE OF DEATH

Reg. Dist. No. 239

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Prince Georges; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Laurel; LENGTH OF STAY (in this place) 5 mo; HOSPITAL OR INSTITUTION OR STREET ADDRESS Laurel Sanitarium

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Prince Georges; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Beverly Md; STREET ADDRESS (If rural, give location) 3305 Belview Ave, Beverly Md

3. NAME OF DECEASED (Type or Print): (First) Mc DUFF (Middle) (Last) BRIDWELL

4. DATE OF DEATH: (Month) October (Day) 2 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: 8-25-1874

9. AGE last birthday: 75 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Charles Bridwell

14. MOTHER'S MAIDEN NAME: Herndon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Unknown (If year, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: Daughter

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

422.1 Immediate cause (a) Myocarditis — Interval Between Onset and Death: Unknown

Antecedent cause(s)

93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Endocarditis — Abt 6 mo

(c) Arterio sclerosis

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerotic Brain Disease

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 16, 1949, to October 2, 1949, that I last saw the deceased alive on October 1, 1949, and that death occurred at 3:50 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) James P. Sands M.D. ADDRESS Laurel Sanitarium Maryland DATE SIGNED 10-2-1949

23. BURIAL, CREMATION, REMOVAL (Specify): Burial DATE Oct 4 1949 NAME OF CEMETERY OR CREMATORY Rock Hill Bapt Church LOCATION (City, town, or county) Garrisonville (State) Va

DATE REC'D BY LOCAL REG. Oct 2 - 49 REGISTRAR'S SIGNATURE M. Brashears

24. FUNERAL DIRECTOR W.W. Chambers Co. ADDRESS Riverdale, Md.

RECEIVED
OCT 4 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

0994?

CERTIFICATE OF DEATH

Reg. Diat. No. 234

1. PLACE OF DEATH:

County: Prince Georges

City or town: Silver Hill

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Prince Georges

City or town: Silver Hill

(If outside city or town limits, write RURAL and give nearest town)

Street No.: 3224-Naylor Rd. S.E.

(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME: JOHN H. BROOKE

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Widowed

6.(b) Name of husband or wife: Alice

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): February 13, 1865

8. AGE: Years	Months	Days	If less than one day
84			..... hrs. ..... min.

9. Birthplace: Silver Hill, Pr. Geo., Md. (Town, county, and state)

10. Usual occupation: Retired

11. Industry or business: Merchant

FATHER — 12. Name: John Brooke

13. Birthplace: Md.

MOTHER — 14. Maiden name: Margaret Phelps

15. Birthplace: Md.

16. Informant: Thelma M. Shorter

Address: 3224-Naylor Rd., S.E. Silver Hill, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov. 2. 1949 (month) (day) (year)

Cemetery or crematory: Cedar Hill

Location: Suitland, Md.

18. Funeral director: Simmons Bros

Address: 2007 Nichols Ave. S.E.

19. Oct. 31 1949 Howard J. Beard (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Oct 31 1949, at 6:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 29 1949 to Oct 31 1949 and that I last saw him alive on Oct 29 1949

Immediate cause of death	DURATION
Chronic myocarditis	Chronic
Due to ARTERIOSCLEROSIS, generalized	Chronic
Due to Senility	
Other conditions	
422.1	
93d (Include pregnancy within 3 months of death)	

Major findings of operations: ..... Date of op. .....

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of .....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ..... Injured at work?

23. SIGNATURE: Leo H. Mugnon M.D. M. D. or other

Address: 5109 Nichols Ave SE Date signed 10/31/49

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

09950

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 230

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY: Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Greenbelt
LENGTH OF STAY (In this place): 20mo
HOSPITAL OR INSTITUTION OR STREET ADDRESS: In street 15 R Laurel Hill Road

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Greenbelt
STREET ADDRESS (If rural, give location): 15 R Laurel Hill Road

3. NAME OF DECEASED (Type or Print): (First) Daniel (Middle) Eugene (Last) Brown

4. DATE OF DEATH: (Month) October (Day) 4th (Year) 1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Single	Jan. 27/1948	1 yrs.	8			

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Cheverly, Md.
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Dock Franklin Brown
14. MOTHER'S MAIDEN NAME: Martha Mahoney

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Dock F. Brown (Father)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
812.5 Immediate cause	(a) Hemorrhage & shock	
170C Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Compound, comminuted fracture of	
	(c) skull & face.	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
	Street	Greenbelt	Prince Georges	Md.

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
10-4-49 8:58 A m.		Run over by garbage truck

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
John J. Maloney, M.D. Dep. Med. Examiner	Cheverly-Hyattsville Md	10-4-49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	10/6/1949	Fort Lincoln Cem.	Colmar Manor, Prince Geo. Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
October 4 1949	John D. Smith	W.W. Chambers Co.	Riverdale, Md.

VS. A15A

RECEIVED
OCT 6, 1949
BUREAU V. S.

09951

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 245

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville
LENGTH OF STAY (in this place) 1/2 mo
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5605 - Chillum Heights Drive

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Pr. Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville
STREET ADDRESS (If rural, give location) 5605 Chillum Heights Drive

3. NAME OF DECEASED (Type or Print) (First) David (Middle) Lee (Last) Buhrow
4. DATE OF DEATH (Month) Oct (Day) 1 (Year) 1949
5. SEX M.
6. COLOR OR RACE W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH Aug 15, 1949
9. AGE last birthday yrs. If under 1 year Months 1/2 mo. Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Washington DC.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Charles J. Buhrow
14. MOTHER'S MAIDEN NAME Helen Nehls.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Chas. J. Buhrow - Father

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Asphyxia

924.0

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Suffocation

182

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Home
(CITY OR TOWN) Hyattsville (COUNTY) Pr. Geo. (STATE) Md.
TIME OF INJURY (Month) (Day) (Year) (Hour) 10-1-49 m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR? After being fed at 1 A.M. baby was laid on stomach. Found dead this A.M.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
John T. Maloney, M.D. Dep. Med. Examiner Cheverly Hyattsville, Md. 10-1-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Oct 3, 1949
NAME OF CEMETERY OR CREMATORY Oak Harbor
LOCATION (City, town, or county) Oak Harbor (State) Ohio

DATE REC'D BY LOCAL REG. Oct. 1, 1949
REGISTRAR'S SIGNATURE Mrs. Jas. Devere Deputy
24. FUNERAL DIRECTOR L. Gascho sons Hyattsville Md ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
OCT 4 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

09952

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 242

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hillside — LENGTH OF STAY (in this place) 2 hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5407 Marlboro Pike

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE District of Columbia — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 1159-46th St S.E.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Allen	Thurman	Burck	Oct	14	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
Male	White	Married	9-22-1888	61 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Merchant	Lorem	Maryland	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Theodore A Burck	Mary C Stiner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT
No		Eva Burck

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Congestive heart failure

3719 **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Acute nembutal poisoning

179B (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☑ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
		Hillside	P.G.	Md

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☑	HOW DID INJURY OCCUR?
10 - 14 - 49 p.m.		Took nembutal capsules

22. *I certify that I took charge of the remains described above, held an Autopsy ☑, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☑.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
James J. Boyd	M.D.	Forestville Md	10-15-49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Removal	10/15/49	Frank Gawler Sons C. Funeral Home	3605-14th St. N.W. Wash DC

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
10/15/49	Amanda Downey	J. Gasch's Sons, Hyattsville Md.	

Carrie F. Campbell (242)

RECEIVED
OCT 21 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

09953

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 243

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Collington — LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Zuckers Store

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Vista
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Joseph (Middle) Eugene (Last) Campbell
4. DATE OF DEATH: (Month) Oct (Day) 15 (Year) 1949
5. SEX: M
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: April 16, 1913
9. AGE last birthday: 36 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Chemical
11. BIRTHPLACE (State or foreign country): Mitchellsville, Md
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: Walter Campbell
14. MOTHER'S MAIDEN NAME: Emma Fletcher
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT: Estelle Good.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Hemorrhage & shock

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Stab (knife) wound of chest

(c)

982
167

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) Collington (COUNTY) Prince Georges (STATE) Md.
TIME OF INJURY (Month) Oct (Day) 15 (Year) 1949 (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☒ | HOW DID INJURY OCCUR? Stab wound of chest by another person

22. *I certify that I took charge of the remains described above, held an Autopsy ☒ Inspection ☒ Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☒ undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
John D. Maloney, M.D. Dep. Med. Exam. Cheverly-Hyattsville Md 10-15-49

23. BURIAL, CREMATION, REMOVAL (Specify) Buried | DATE THEREOF Oct 18 1949 | NAME OF CEMETERY OR CREMATORY Payne cemetery | LOCATION (City, town, or county) 4640 Benning Rd SE D.C. (State)

DATE REC'D BY LOCAL REG. Oct 17-49 | REGISTRAR'S SIGNATURE Louise H. Peach | 24. FUNERAL DIRECTOR Clarence Toreacre ADDRESS Mitchellville Md

VS. A15A

RECEIVED
OCT 28 1949
BUREAU T. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09954

CERTIFICATE OF DEATH

Reg. Dist. No. 243

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Prince George's — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: (Rural) Glenn Dale
LENGTH OF STAY (in this place): 2 mos., 11 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Glenn Dale Sanatorium

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: D. C. — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington
STREET ADDRESS (If rural, give location): 1325 Stevens Rd. S. E.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
ELLA	L.	CHILES	OCT.	10	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	Negro	Married	3/16/29	20 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		Petersburg, Virginia	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Quinton Holmes	Mary Wych

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No	578-30-7754	Decedent

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Pulmonary Tuberculosis	6 mo.
Antecedent cause(s)		
002 13b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from July 29, 1949, to Oct. 10, 1949, that I last saw the deceased alive on Oct. 10, 1949, and that death occurred at 3:30 P. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Daniel Leo Finucane	M.D.	Glenn Dale Sanatorium, Glenn Dale, Maryland	10/10/49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
burial	10/15/49	Woodlawn	Washington D.C.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
10/11/49	Rowland S. Philips	Carey & Son	611-K St. N.W. Wash., D.C.

RECEIVED
OCT 18 1949
BUREAU V. S.

09955

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 242

1. PLACE OF DEATH · COUNTY: Prince Georges · MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Maryland · COUNTY: Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Maryland Park · LENGTH OF STAY (in this place): 20 years	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Maryland Park
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 6509-D Street	STREET ADDRESS (If rural, give location): 6509-D Street

3. NAME OF DECEASED (Type or Print)	(First) ETHEL	(Middle) MARIE	(Last) COLMUS.	4. DATE OF DEATH	(Month) October (Day) 11 (Year) 1949
5. SEX: female	6. COLOR OR RACE: white	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married	8. DATE OF BIRTH: April 14, 1899	9. AGE last birthday: 50 yrs.	If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife	10b. KIND OF BUSINESS OR INDUSTRY: Home.	11. BIRTHPLACE (State or foreign country): Baltimore, Md	12. CITIZEN OF WHAT COUNTRY? USA.		
13. FATHER'S NAME: John Hamlen	14. MOTHER'S MAIDEN NAME: Mary Margaret Winters				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no.	16. SOCIAL SECURITY NO.: —	17. INFORMANT: Ferdinand Colmus.			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
443	Immediate cause	(a) Cerebral Hemorrhage	13 days
93d	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertension with hypertensive heart disease	3-4 years
		(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) —	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) —	(CITY OR TOWN) —	(COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR? —		

22. I hereby certify that I attended the deceased from Sept. 28, 1949, to Oct. 11, 1949, that I last saw the deceased alive on Oct 11, 1949, and that death occurred at 5 22 P.M., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
William Brannin MD		6124 Central Ave	10/11/49.

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	10/15/49	Fort Lincoln	Bladensburg. Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Oct. 13, 1949	Carrie F. Campbell	W. W. Chamber Co.	517 1st St SE

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
OCT 19 1949
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

09956

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 231

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS: A15A

1. PLACE OF DEATH: COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN W. Langham Hills | LENGTH OF STAY (In this place) 7 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7733 Garrison Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Pr. Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN W. Langham Hills
STREET ADDRESS (If rural, give location) 7733 Garrison Rd.

3. NAME OF DECEASED (Type or Print): (First) John (Middle) Aloysius (Last) Connor
4. DATE OF DEATH: (Month) Oct (Day) 8 (Year) 1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
M	W	Married	Dec. 25, 1893	55 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Washington, D.C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Patrick Aloysius Connor
14. MOTHER'S MAIDEN NAME: Mary M. Bola

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. ?
17. INFORMANT: Mary Margaret Connor — Wife

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

462.1 **Immediate cause** (a) Hemorrhage in stomach

124.b **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Rupture of Esophogial varix.

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cirrhosis of liver.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

John J. Malone, Dep. Med. Examiner — Chevery — Hyattsville, Md — 10-10-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE THEREOF Oct 11, 1949 | NAME OF CEMETERY OR CREMATORY Cedar Hill | LOCATION (City, town, or county) Suitland (State) Md

DATE REC'D BY LOCAL REG. Oct 11/49 | REGISTRAR'S SIGNATURE Amanda Downey | 24. FUNERAL DIRECTOR F. Gasch's sons | ADDRESS Hyattsville Md

RECEIVED
OCT 12 1949
BUREAU V. B.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

09957

CERTIFICATE OF DEATH

Reg. Dist. No. 245

1. PLACE OF DEATH:

County: Prince George.

City or town: Hyattsville (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 5-years.

Hospital, institution, or street address where death occurred: Sacred Heart Home.

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Dist of Col. County:

City or town: Washington (If outside city or town limits, write RURAL and give nearest town)

Street No.: 7-R. St. N.W. (If rural, give LOCATION)

2.(a) If veteran, name war: ✓

3.(a) FULL NAME: MARGARET CROSS

3.(b) Social Security Number:

4. Sex: F.

5. Color or race: White

6.(a) Single, married, widowed, or divorced: Single.

6.(b) Name of husband or wife:

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): June - 3rd 1858

8. AGE: Years: 91 Months: 4 Days: 26 If less than one day ..... hrs. ..... min.

9. Birthplace: Mobile. Ala. (Town, county, and state)

10. Usual occupation: Retired

11. Industry or business: Bur of Engraving & Printing.

FATHER
12. Name: Thomas Cross.
13. Birthplace: Ireland.

MOTHER
14. Maiden name: Margaret Clurein.
15. Birthplace: Ireland.

16. Informant: Sacred Heart Home.

Address: Hyattsville.

17. Burial. (Burial, cremation, or removal. Which?) Date thereof: Nov. 2nd 1949 (month) (day) (year)

Cemetery or crematory: Mt Olivet Cemetery.

Location: Wash. D.C.

18. Funeral director: T. F. Costello

Address: 1722 - North Capitol St.

19. Oct. 29 1949 (Date rec'd by registrar) Mrs. Jas. Severe Deputy Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Oct. 29 1949 at 1.30 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 1 1949 to Oct 29 1949 and that I last saw her alive on Oct 29 1949

Immediate cause of death: Cardio vascular renal disease

Due to:

Due to: 442

Other conditions: 131a

(Include pregnancy within 3 months of death)

DURATION: 2

Major findings of operations: Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: [signature] M. D. or other

Address: 1727 N Cap St. Date signed: Oct 29/49

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M

I

RECEIVED
NOV 1 1949
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

M

I

T

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09958

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH: COUNTY Prince George's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly, Md
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince George's General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince Geo
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Greenbelt, Maryland
STREET ADDRESS (If rural, give location) 5 "G" Ridge Road

3. NAME OF DECEASED (Type or Print) KATHRYN (First) Mrs Patricia (Middle) (Last) Dean

4. DATE OF DEATH (Month) Oct (Day) 15 (Year) 1949

5. SEX Female

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH Aug. 31, 1916

9. AGE last birthday 33 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) CLAYTON, ILL.

12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME JAMES CHOGSHALL

14. MOTHER'S MAIDEN NAME UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) NONE

16. SOCIAL SECURITY NO. NONE

17. INFORMANT WALTER R. DEAN (HUSBAND)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

677 Immediate cause (a) Acute adrenal insufficiency — INTERVAL BETWEEN ONSET AND DEATH 4 hrs.

149a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) ① Pregnancy & labor ② Ruptured uterus ③ Hysterectomy — 12 days

(c) ④ Hypothrombinemia - ⑤ Periadrenal and peri-enteral hemorrhage. — 4 days

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 10/3/49.

19b. MAJOR FINDINGS OF OPERATION Ruptured uterus c̄ disruption of left broad ligament

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/15, 1949, to 10/15, 1949, that I last saw the deceased alive on 10/15, 1949, and that death occurred at 8:10 A.M. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

F. Francis Warren M.D. 2015 - R St. N.W. 10/16/49.

23. BURIAL, ~~CREMATION~~ ~~REMOVAL (Specify)~~ BURIAL

DATE THEREOF Oct. 18/49

NAME OF CEMETERY OR CREMATORY WASH. NAT'L CEM.

LOCATION (City, town, or county) (State) SUITLAND PRINCE GEO MD.

DATE REC'D BY LOCAL REG. Oct. 16, 1949

REGISTRAR'S SIGNATURE Amanda Downey

24. FUNERAL DIRECTOR W. W. CHAMBERS CO — ADDRESS RIVERDALE MD

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OCT 18 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09959

CERTIFICATE OF DEATH

Reg. Dist. No. 243

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY: Prince George's — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: (rural) Glenn Dale
LENGTH OF STAY (in this place): 8 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Glenn Dale Sanatorium

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: D. C. — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington
STREET ADDRESS (If rural, give location): Wardman Park Hotel

3. NAME OF DECEASED (Type or Print): (First) HARRY (Middle) J. (Last) DOUGHERTY

4. DATE OF DEATH: (Month) Oct. (Day) 20 (Year) 19 49

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: May 17, 1879

9. AGE last birthday: 70 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Detective (retired)

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Joseph V. Dougherty

14. MOTHER'S MAIDEN NAME: Elizabeth ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If year, give war or dates of service): Sp.Am.War

16. SOCIAL SECURITY NO.: 577-05-4540

17. INFORMANT AND ADDRESS: Harry J. Dougherty, Jr., Son-1529A-3rd St N.W.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary Tuberculosis — INTERVAL BETWEEN ONSET AND DEATH: 9 mos

002 134

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 12, 19 49, to Oct 20, 19 49, that I last saw the deceased alive on Oct 20, 19 49, and that death occurred at 4:10 p.m., from the causes and on the date stated above.

SIGNATURE: Daniel Lee Finucane — (Degree or title): M.D. — ADDRESS: Glenn Dale Sanatorium, Glenn Dale, Maryland — DATE SIGNED: 10/20/49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: 10-24-49 — NAME OF CEMETERY OR CREMATORY: Arlington Nat. Cemetery — LOCATION (City, town, or county) (State): Arlington Va

DATE REC'D BY LOCAL REG.: 10/20/49 — REGISTRAR'S SIGNATURE: Rowland S. Phillips

24. FUNERAL DIRECTOR: W W Chamberlain Co — ADDRESS: 517-11 St S.E.

Per Alfred Bowers.

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NOV 1 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09960

CERTIFICATE OF DEATH

Reg. Dist. No. 242

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY PRINCE GEORGES | MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN S.E. WASHINGTON. | LENGTH OF STAY (in this place) 7 Months
HOSPITAL OR INSTITUTION OR STREET ADDRESS -

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE MARYLAND | COUNTY PRINCE GEORGES
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural, give location) 5107 BYERS ST. S.E

3. NAME OF DECEASED (Type or Print): (First) Joseph | (Middle) B. | (Last) DOUGHTON
4. DATE OF DEATH: (Month) Oct. | (Day) 27 | (Year) 1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
M	W	Married	Oct 22, 1898	51 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
CLERK	CAPITAL TRANSIT	SPARTA, N.C	U.S.A.

13. FATHER'S NAME: CHARLES A DOUGHTON.
14. MOTHER'S MAIDEN NAME: MALLIE COX.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No		229-03-1516	WALLER L. DOUGHTON

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

444 **Immediate cause** (a) Uremia and heart failure — Interval between onset and death: 3 months

132 **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension — 3 years

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
None		Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Oct, 1948, to Oct. 27, 1949, that I last saw the deceased alive on Oct. 27, 1949, and that death occurred at 3:20 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Glen W. Travis M.D. 3771 Gunston Road, Alex, Va. Oct. 27, 1949

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify)	DATE	NAME OF CEMETERY ~~OR CREMATORY~~	LOCATION (City, town, or county) (State)
BURIAL	Oct 27, 1949	Shiloh Cemetery	Sparta, N. C.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Oct. 27, 1949	Carrie J. Campbell	W. W. CHAMBERS CO.	517 11th St, S.E. WASH, D.C.

RECEIVED
OCT 29 1949
BUREAU U. S.

09961

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 232

1. PLACE OF DEATH:

County: Prince George

City or town: Upper Marlboro (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred: Church Street, Upper Marlboro, Md.

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Maryland County: Prince George

City or town: Upper Marlboro (If outside city or town limits, write RURAL and give nearest town)

Street No.: Church Street (If rural, give LOCATION)

2.(a) If veteran, name war: World War 1

3. (a) FULL NAME: Roderick B. Dunlap

3. (b) Social Security Number: 578-09-9061

4. Sex: Male

5. Color or race: white

6.(a) Single, married, widowed, or divorced: married

6.(b) Name of husband or wife: Jane Glidden Dunlap

6.(c) If alive, give age: 52 years

7. Birth date of deceased (mo., day, yr.): April 18, 1897

8. AGE: Years: 52 | Months: | Days: | If less than one day: ..... hrs. ..... min.

9. Birthplace: Washington, D.C. (Town, county, and state)

10. Usual occupation: Accounting Executive

11. Industry or business:

FATHER 12. Name: Irving Hall Dunlap

13. Birthplace:

MOTHER 14. Maiden name: Mary Livermore

15. Birthplace:

16. Informant: Rudnick Gould Dunlap

Address: 921 19th St. N.W. Washington, D.C.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: October 3, 1949 (month) (day) (year)

Cemetery or crematory: Trinity Episcopal Cem.

Location: Upper Marlboro, Md.

18. Funeral director: Ritchie Bros

Address: Upper Marlboro Md

19. Oct 3 1949 (Date rec'd by registrar) R. Emil Smith Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 1 Oct 1949, at 1:25 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Mar 1949, to 1 Oct 1949 and that I last saw him alive on 1 Oct 1949

Immediate cause of death: Coronary Thrombosis — DURATION: 5 min

Due to: Hypertensive CV Disease — Unk

Due to:

Other conditions: Angina Pectoris 420.1 (Include pregnancy within 8 months of death)

Major findings of operations: 93d Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: Robert B. Lasser M. D. ~~or other~~

Address: Upper Marlboro, Md Date signed: 1 Oct 49

VS A15 MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
OCT 4 1949
BUREAU T. S.

MARYLAND STATE DEPARTMENT OF HEALTH

09962

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 745

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY: Prince George's
STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: College Park
LENGTH OF STAY (In this place): 23 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY: Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: College Park
STREET ADDRESS (If rural give location): 4710 College Avenue

3. NAME OF DECEASED (Type or Print): (First) Jennie (Middle) Thompson (Last) Elder

4. DATE OF DEATH: (Month) Oct (Day) 5 (Year) 1949

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): widower

8. DATE OF BIRTH: 6/27/1862

9. AGE last birthday: 87 years (yrs.) If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): at home

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Belfast, Ireland

12. CITIZEN OF WHAT COUNTRY? U. S. A

13. FATHER'S NAME: John Thompson

14. MOTHER'S MAIDEN NAME: Elizabeth Boyd

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: Mrs Ernest Cory

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
332 Immediate cause	(a) Softening of brain	6 mo
83c Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerosis	15 years
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): —

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY: (Month) (Day) (Year) (Hour) m. —

INJURY OCCURRED: While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 30, 1949, to Oct 5, 1949, that I last saw the deceased alive on Oct 5, 1949, and that death occurred at 3:27 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Robert S McEnney M.D. ADDRESS: Laurel Md DATE SIGNED: 10/6/49

23. BURIAL, CREMATION REMOVAL (Specify): Transportation

DATE THEREOF: 10/8/49

NAME OF CEMETERY OR CREMATORY: N. Cedar Hill

LOCATION (City, town, or county) (State): Philadelphia Pa.

DATE REC'D BY LOCAL REG.: Oct 7 1949

REGISTRAR'S SIGNATURE: James Seney

24. FUNERAL DIRECTOR: F. Gasch's Sons ADDRESS: Hyattsville Md.

RECEIVED
OCT 8 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

09963

Reg. Dist. No. 242

1. PLACE OF DEATH: COUNTY Prince George's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dupont Heights
LENGTH OF STAY (in this place) 1½ yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY P. G.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dupont Heights
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Frank (Middle) (Last) Ellis
4. DATE OF DEATH (Month) 10 (Day) 27 (Year) 1949
5. SEX Male
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH About 1879
9. AGE last birthday 70 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Orange, Va.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Sonney Ellis
14. MOTHER'S MAIDEN NAME ?
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Leslie Ellis

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

916.0 Immediate cause (a) Shock

180 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Universal charring burns of the body

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Home
(CITY OR TOWN) Dupont Heights (COUNTY) P. G. (STATE) Md.
TIME OF INJURY (Month) 10 (Day) 27 (Year) 49 (Hour) 6 A.m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? In house that burned down

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE James F. Boyd (Degree or title) M. D. ADDRESS Forestville, Md. DATE SIGNED 10/28/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 29 Oct 1949
NAME OF CEMETERY OR CREMATORY Methodist Cemetery
LOCATION (City, town, or county) Bladensburg (State) Md.

DATE REC'D BY LOCAL REG. Oct 29/49
REGISTRAR'S SIGNATURE Amanda Downey
49 Carrie Campbell
24. FUNERAL DIRECTOR F. Gasch's Sons ADDRESS Hyattsville Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
NOV 4 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09964

CERTIFICATE OF DEATH

Reg. Dist. No. 243

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH — COUNTY: Prince George's — MARYLAND
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: (Rural) Glenn Dale
   LENGTH OF STAY (in this place): 7mos., 26days
   HOSPITAL OR INSTITUTION OR STREET ADDRESS: Glenn Dale Sanatorium

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: D. C. — COUNTY:
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington
   STREET ADDRESS (If rural, give location): 625 Massachusettes Avenue N.W. ✓

3. NAME OF DECEASED (Type or Print): (First) ULYSSES (Middle) (Last) FELDER

4. DATE OF DEATH: (Month) OCT. (Day) 4 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Feb. 22, 1933

9. AGE last birthday: 16 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Odd Jobs

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Perry, South Carolina

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Ullia Felder

14. MOTHER'S MAIDEN NAME: Ida Jones

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If year, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Decedent

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Pulmonary Tuberculosis — 10 mo.

002

Antecedent cause(s)

13b

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from FEB. 8, 1949, to OCT. 4, 1949, that I last saw the deceased alive on OCT. 4, 1949, and that death occurred at 9:30 A.m., from the causes and on the date stated above.

SIGNATURE: Daniel Lee Pinkard (Degree or title): M.D. ADDRESS: Glenn Dale Sanatorium, Glenn Dale, Maryland DATE SIGNED: 10/4/49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: 10/4/49 | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State): Washington D.C.

DATE REC'D BY LOCAL REG. 10/4/49 | REGISTRAR'S SIGNATURE: Rowland S. Phillips | 24. FUNERAL DIRECTOR: R.N. Horton Co. | ADDRESS: 1322 You St N.W.

RECEIVED
OCT 11 1949
BUREAU V. S.

09965

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 245

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Roger Heights Md
LENGTH OF STAY (in this place) 5 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Roger Heights Md
STREET ADDRESS (If rural give location) 5401 Emerson st,

3. NAME OF DECEASED (Type or Print) (First) ELIZABETH (Middle) AUGUSTA (Last) GARRITY
4. DATE OF DEATH (Month) Oct (Day) 24, (Year) 1949

5. SEX Female
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed
8. DATE OF BIRTH July 12, 1875
9. AGE last birthday 74 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home
10b. KIND OF BUSINESS OR INDUSTRY own home
11. BIRTHPLACE (State or foreign country) New York
12. CITIZEN OF WHAT COUNTRY? Mr. S. A.

13. FATHER'S NAME Joseph Herte
14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) no
16. SOCIAL SECURITY NO. none
17. INFORMANT Winfred J. Garrity

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary tuberculosis — INTERVAL BETWEEN ONSET AND DEATH: over 1 year

002

Antecedent cause(s)

13b

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 10, 1949, to Oct 24 1949 that I last saw the deceased alive on Oct 24, 1949, and that death occurred at 2.30 P m., from the causes and on the date stated above.

SIGNATURE Louis M. Jimal M.D. (Degree or title) ADDRESS Cottage City, Md. DATE SIGNED 10/24/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE Oct 26, 1949
NAME OF CEMETERY OR CREMATORY Ft Lincoln
LOCATION (City, town, or county) (State) Colmar Manor Md

DATE REC'D BY LOCAL REG. Oct 25, 1949
REGISTRAR'S SIGNATURE James Seray
24. FUNERAL DIRECTOR F Gasch Sons Hyattsville Md ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
OCT 26 1949
BUREAU V. S.

09966

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH
COUNTY Prince George — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince George's Gen'l

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Laurel Md
STREET ADDRESS (If rural, give location) Route 2

3. NAME OF DECEASED (Type or Print): (First) Ray (Middle) William (Last) Gibson

4. DATE OF DEATH: (Month) 10 (Day) 5 (Year) 1949

5. SEX: male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Aug 5, 1915

9. AGE last birthday: 34 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Bus Driver

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: GEORGE A. GIBSON

14. MOTHER'S MAIDEN NAME: EDNA P. GARRISON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war, or dates of service) None

16. SOCIAL SECURITY NO. Unknown

17. INFORMANT: Chart

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

587.0 Immediate cause (a) Shock

128 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Acute Hemorrhagic Pancreatitis

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office hldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 3, 1949, to Oct 5, 1949, that I last saw the deceased alive on Oct 5, 1949, and that death occurred at 12:55 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

Louis M. Jinal M.D. Cottage City Md. Oct 5/49

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE THEREOF: 10/9/49 | NAME OF CEMETERY OR CREMATORY: Prize Hill Cemetery | LOCATION (City, town, or county) (State): Bonnesville Va.

DATE REC'D BY LOCAL REG. Oct 6/49 | REGISTRAR'S SIGNATURE Amanda Mowrey | 24. FUNERAL DIRECTOR: W W Chambers Co. | ADDRESS: 5801 Cleveland Ave Riverdale, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M

VS. A15

RECEIVED
OCT 8 1949
BUREAU V. S.

09967

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 342

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cedar Heights
LENGTH OF STAY (In this place) 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Pr. Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fairmont Heights
STREET ADDRESS (If rural, give location) 7000 Sheriff Road

3. NAME OF DECEASED (Type or Print): (First) James (Middle) (Last) Gordon
4. DATE OF DEATH: (Month) Oct. (Day) 22 (Year) 1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	Colored	Single	Nov. 9, 1918	31 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Sand and gravel
11. BIRTHPLACE (State or foreign country): N. Carolina
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Herbert Gordon
14. MOTHER'S MAIDEN NAME: Patsy Cotton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Robert Cotton, Cousin

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
916.0 Immediate cause	(a) 3rd and 4th degree burns of body	
180 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Conflagration	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY House
(CITY OR TOWN) (COUNTY) (STATE) Fairmont Heights, Pr. Geo., Md.
TIME OF INJURY (Month) (Day) (Year) (Hour) 10-22-49 m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? House in which deceased was sleeping burned.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
John D. Maloney, M.D. Dep. Med.Exam. Cheverly-Hyattsville, Md 10-26-49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	27 Oct 1949	Methodist Cemetery	Bladensburg Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Oct 27, 1949	Amanda Downey	E. Hamilton Sons - Hyattsville	Md.

Carrie F. Campbell

VS. A15A

RECEIVED
OCT 29 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

09968

Reg. Dist. No. 231

1. PLACE OF DEATH: COUNTY Prince George MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly
LENGTH OF STAY (In this place) 57 min
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges Gen. Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville
STREET ADDRESS (If rural, give location) 3109 - Kimberly Road

3. NAME OF DECEASED (Type or Print) (First) Baby Boy (Middle) Michael Rex (Last) Gregory

4. DATE OF DEATH (Month) Oct. (Day) 11 (Year) 1949

5. SEX Male
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH Oct 11, 1949
9. AGE last birthday 0 yrs. If under 1 year Months 0 Days 0 If under 24 hrs. Hours 0 Min. 57

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Maryland.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Rex Gregory
14. MOTHER'S MAIDEN NAME Margaret Gordon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

758.1 Immediate cause (a) Hydramnios of Mother

157M Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cause of Hydramnios unknown

(c) Achondroplastic Dwarf (deceased)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Achondraplastic

19a. DATE OF OPERATION no
19b. MAJOR FINDINGS OF OPERATION no
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-11-, 1949, to 10-11, 1949, that I last saw the deceased alive on 10-11, 1949, and that death occurred at 5:30 P.m., from the causes and on the date stated above.

SIGNATURE J. Fogl (Degree or title) ADDRESS 5802 Ant Ave DATE SIGNED 10-12-49

23. BURIAL, CREMATION REMOVAL (Specify) Cremation
DATE THEREOF Oct 13, 1949
NAME OF CEMETERY OR CREMATORY Prince George's Gen Hosp
LOCATION (City, town, or county) Cheverly Md (State)

DATE REC'D BY LOCAL REG. 10/14/1949
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR Harry W Perry Supt ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
OCT 15 1949
BUREAU V. S.

09969

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 232

1. PLACE OF DEATH:

County: Pr. Geo.

City or town: Upper Marlboro (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? June 1948 - Oct 1949.

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Md. County: P. G.

City or town: Upper Marlboro, Md. (If outside city or town limits, write RURAL and give nearest town)

Street No. (If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME: Frances Virginia Hager

3. (b) Social Security Number

4. Sex: Female

5. Color or race: W.

6.(a) Single, married, widowed, or divorced: Married

6.(b) Name of husband or wife: John G. Hager

6.(c) If alive, give age: 52 years

7. Birth date of deceased (mo., day, yr.): Sept 10, 1895

8. AGE: Years: 54 Months: 1 Days: - If less than one day: hrs. min.

9. Birthplace: ~~Aurora~~, Nebraska (Town, county, and state)

10. Usual occupation: Hwf

11. Industry or business

FATHER: 12. Name: — Russell

13. Birthplace

MOTHER: 14. Maiden name: Sarah J. Sherwood

15. Birthplace: Illinois

16. Informant: J. G. Hager

Address: Upper Marlboro, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: 9 (month) 13 (day) 49 (year)

Cemetery or crematory: Arlington National Va.

Location: Virginia

18. Funeral director: Ritchie Bros

Address: Upper Marlboro Md

19. Oct 13 1949 (Date rec'd by registrar) R. Earl Smith Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Oct 10 1949 at 10 55 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 2 Oct 1949 to 10 Oct 1949 and that I last saw her alive on 10 Oct 1949

	DURATION
Immediate cause of death: Respiratory Embarrassment	3 hrs
Due to: Carcinoma of rt breast c̄ generalized metastases	6 yrs
Due to:	
Other conditions: 170 50 (Include pregnancy within 3 months of death)	

Major findings of operations: Neoplastic disease of breast Date of op. June 1943

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: Robert B. Sasser M.D. M. D. ~~or other~~

Address: Upper Marlboro, Md Date signed: 10 Oct 49

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

I

RECEIVED
OCT 14 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

09970

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 243

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Prince George's — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: (rural) Glenn Dale
LENGTH OF STAY (in this place): 1yr., 7mos., 19days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Glenn Dale Sanatorium

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: D. C. — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington
STREET ADDRESS (If rural, give location): 1727 - 10th St. N. W. ✓

3. NAME OF DECEASED (Type or Print): (First) PAUL P. (Middle) (Last) HAMILTON

4. DATE OF DEATH: (Month) Oct (Day) 29 (Year) 1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
Male	Negro	Single	October 25, 1909	40 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Janitor		Anniston, South Carolina	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
George T. Hamilton	Sally Chriswell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No	242-09-1905	Decedent

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Pulmonary Tuberculosis	23 Mos.
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

002
13b

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 3-10, 1948, to 10-29, 1949, that I last saw the deceased alive on 10-28, 1949, and that death occurred at 6.10 A m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Daniel Leo Finucane	M.D.	Glen Dale Md	Oct 30/49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	11-2-49	Payne Cemetery	Washington	D C

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
10/31/49	Rowland S. Phillips	L. E. Meneray - Sav.	1587 Park Rd Washington D.C.

RECEIVED
NOV 10 1949
BUREAU V. R.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

09971

234
705

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Prince Georges — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Clinton — LENGTH OF STAY (in this place) 1 year
HOSPITAL OR INSTITUTION OR STREET ADDRESS Piscataway Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Clinton
STREET ADDRESS (If rural give location) Piscataway Road

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Mary	Elizabeth	Harley	Oct	18	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	Colored	Married	July 24, 1896	53 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Own Home	Maryland	U. S. A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Aquilla Butler	Edelene Lucy Proctor

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
no			Asaw Harley

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

174 **Immediate cause** (a) Toxemia and Exhaustion

Antecedent cause(s)

480 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Carcinoma of uterus

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
March 11, 1949	Cancer of uterus	Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1946, to Oct 18, 1949, that I last saw the deceased alive on Oct 1, 1949, and that death occurred at 4:45 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
James J. Boyd	MD	Forestville Md	10-18-49

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
	10/21/49	St. Joseph's	Bowie Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
10/19/49	Mrs. Alton Davis	Hunter & Ryon	Waldorf, Md.

RECEIVED
OCT 27 1949

09972

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 245

1. PLACE OF DEATH — COUNTY: Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: University Park — LENGTH OF STAY (in this place): 4 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: University Park
STREET ADDRESS (If rural, give location): 4331 - Clagett Rd

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): Isabelle Harris
4. DATE OF DEATH (Month) (Day) (Year): Oct 19. 1949
5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: 6/30/1891
9. AGE last birthday: 58 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): at home
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): New Haven Conn
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: James Brenen
14. MOTHER'S MAIDEN NAME: unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: none
17. INFORMANT: Betty Dudley.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

153 Immediate cause (a) Carcinoma of Ascending Colon — 6 mo +

46 e Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 4-22-49
19b. MAJOR FINDINGS OF OPERATION: Carcinoma of Ascending Colon, Regional Metastases
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-14, 1949, to 10-19, 1949, that I last saw the deceased alive on 10-17, 1949, and that death occurred at 3:15 P.m., from the causes and on the date stated above.

SIGNATURE: A.B. Moyer — (Degree or title): M.D. — ADDRESS: Mt. Rainier Md — DATE SIGNED: 10-19-49

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: Oct 22, 1949 — NAME OF CEMETERY OR CREMATORY: Geo Washington — LOCATION (City, town, or county) (State): Hyattsville Md

DATE REC'D BY LOCAL REG.: Oct 31 1949 — REGISTRAR'S SIGNATURE: James Seray — 24. FUNERAL DIRECTOR — ADDRESS: F. Gascha sons Hyattsville Md

M

I

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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RECEIVED
OCT 25 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

09973

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 245

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Springs P.O. LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Lebanon Sebrestein automobile, Chillum Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland, Pr. Georges COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Springs, P.O.
STREET ADDRESS (If rural, give location) 8100 Tahona Drive

3. NAME OF DECEASED (Type or Print) (First) William (Middle) Anthony (Last) Healy

4. DATE OF DEATH (Month) Oct. (Day) 28, (Year) 1945

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Apr. 19, 1889
9. AGE last birthday 60 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman
10b. KIND OF BUSINESS OR INDUSTRY Advertisements
11. BIRTHPLACE (State or foreign country) New Hampshire
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Jeremiah Healy
14. MOTHER'S MAIDEN NAME Margaret Murphy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Madeline Healy - Wife

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Occlusion

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardiovascular renal disease

131a (c) Hypertension

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE John J. Maloney, M.D. Dep. Med. Exam. (Degree or title) ADDRESS Cheverly - Hyattsville, Md. DATE SIGNED Oct 29, 1949

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Oct 29-49
NAME OF CEMETERY OR CREMATORY
LOCATION (City, town, or county) (State) Manchester New Hampshire

DATE REC'D BY LOCAL REG. Oct 29, 1949
REGISTRAR'S SIGNATURE James Severy
24. FUNERAL DIRECTOR The S.H. Hines Co. ADDRESS 2901-14th St N.W. Washington D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

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NOV 1 1949
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

09974

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 245

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY: Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Riverdale — LENGTH OF STAY (in this place): 21 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Eugene Leland Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland — COUNTY: Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Riverdale
STREET ADDRESS (If rural, give location): 5409 Riverdale Rd.

3. NAME OF DECEASED (Type or Print): (First) Ethel (Middle) Mae (Last) Howard

4. DATE OF DEATH: (Month) Oct. (Day) 30 (Year) 1949

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: Mar. 12, 1886

9. AGE last birthday: 63 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Hwf.

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Alexandria, Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James L. Kelly

14. MOTHER'S MAIDEN NAME: Mary Ann Wilson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If year, give war or dates of service):

16. SOCIAL SECURITY NO.: -

17. INFORMANT AND ADDRESS: Hospital records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Congestive Heart Failure — Interval Between Onset and Death: 1 mo

450.0 Antecedent cause(s) (b) General Arteriosclerosis — 5 years

122b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Intestinal obstruction due to Ileus — 5 days

19a. DATE OF OPERATION: Oct 27, 1949 — 19b. MAJOR FINDINGS OF OPERATION: Ileus - Elcostomy — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ?, 1938, to Oct 30, 1949, that I last saw the deceased alive on Oct 30, 1949, and that death occurred at 7 45 a m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

Lee Mahon MD — Riverdale Md — 10-31-49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: Nov 1, 1949 — NAME OF CEMETERY OR CREMATORY: Ft Lincoln — LOCATION (City, town, or county) (State): Colmar Manor Md

DATE REC'D BY LOCAL REG. Oct. 31, 1949 — REGISTRAR'S SIGNATURE: Mrs Jos. Severe Deputy

24. FUNERAL DIRECTOR — ADDRESS: T Gaschi Sons Hyattsville Md

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BUREAU V. R.

MARYLAND STATE DEPARTMENT OF HEALTH 09975

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 243

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY: Prince George's — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: (rural) Glenn Dale
LENGTH OF STAY (in this place): 2yrs., 10mos., 21days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Glenn Dale Sanatorium

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: D. C. — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington
STREET ADDRESS (If rural, give location): 334 - 14th Place N. E. ✓

3. NAME OF DECEASED (Type or Print): (First) GEORGE (Middle) W. (Last) KEYS

4. DATE OF DEATH: (Month) October (Day) 25, (Year) 1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
Male	White	Married	February 27, 1910	39 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Mechanic		Washington, D. C.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
David Henry Keys	Helen Riggles

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No	579-01-2430	Decedent

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Pulmonary Tuberculosis	3 yrs
Antecedent cause(s)		3 mos
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (002, 13b)	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 12/4, 1946, to 10/25, 1949, that I last saw the deceased alive on 10/25, 1949, and that death occurred at 3:30 p.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Daniel Lee Duncan	M. D.	Glenn Dale Sanatorium, Glenn Dale, Maryland	10/25/49

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	10/28/49	Cedar Hill Cemetery	Suitland, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
10/26/49	Rowland S. Phillips	Robert A. Mattingly Funeral Home	131 - 11th St. S. E. Wash. D. C.

VS. A15

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NOV 4 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

09976

Reg. Dist. No. 242

1. PLACE OF DEATH: COUNTY Prince George MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington 19, D.C. LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS none

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington 19, D.C.
STREET ADDRESS (If rural, give location) 6556 Darcey Rd. S.E.

3. NAME OF DECEASED (Type or Print) (First) Elizabeth (Middle) Katherine Virginia (Last) King
4. DATE OF DEATH (Month) Oct. (Day) 12 (Year) 1949
5. SEX Fem
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH Dec. 2, 1861
9. AGE last birthday 87 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic
10b. KIND OF BUSINESS OR INDUSTRY home
11. BIRTHPLACE (State or foreign country) Prince George County - Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME John Thomas King
14. MOTHER'S MAIDEN NAME Elizabeth K. King
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT Thomas P. King

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) acute congestive heart failure.	Immediate
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) general arterio sclerosis	unknown
	(c) Chronic bronchitis senile type, non specific	unknown

450.0
93d

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Malnutrition and Secondary anemia. unknown

19a. DATE OF OPERATION none
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR? no injury.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Paul C Van Natta (act. Coroner) M.D. 5440 Silver Hill Rd S.E. Washington 19 DC Oct 12 1949

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Oct. 15, 1949
NAME OF CEMETERY OR CREMATORY Epiphany
LOCATION (City, town, or county) (State) Forestville, Md.
DATE REC'D BY LOCAL REG.
REGISTRAR'S SIGNATURE Edna F. Collins
24. FUNERAL DIRECTOR ADDRESS Ritchie Brothers Funeral Home Upper Marlboro, Md.

Oct. 14-1949.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
OCT 21 1949
BUREAU T. S.

09977

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 245

1. PLACE OF DEATH: COUNTY Prince George MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Hyattsville Convalscent Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montg.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase Md.
STREET ADDRESS (If rural give location) 7017 - Rolling Road

3. NAME OF DECEASED (Type or Print) (First) William (Middle) A (Last) KINGSBURY
4. DATE OF DEATH (Month) October (Day) 25 (Year) 1949

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Divorced
8. DATE OF BIRTH May 26 1877
9. AGE last birthday 72 yrs. If under 1 year Months 4 Days 28 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired
10b. KIND OF BUSINESS OR INDUSTRY Real Estate
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Charles T. Kingsbury
14. MOTHER'S MAIDEN NAME Mary E. Reid

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT Records of Hyattsville Convalescent Home

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary thrombosis	2 1/2 da.
451 Antecedent cause(s)	(b) Auricular fibrillation	? years
96 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) Aortic aneurysm, cause undetermined (11/22/49 - A.S.)	? years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Pyelonephritis ? years

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 11, 1949, to Oct 25, 1949, that I last saw the deceased alive on Oct 24, 1949, and that death occurred at 1:30 A m., from the causes and on the date stated above.

SIGNATURE John A Logan MD (Degree or title) ADDRESS 6001 Nevada Av NW Wash., DC DATE SIGNED Oct 25-1949.

23. BURIAL, CREMATION REMOVAL (Specify) DATE Oct 27 1949 NAME OF CEMETERY OR CREMATORY St Marys Cemetery LOCATION (City, town, or county) Barnesville Md. (State)

DATE REC'D BY LOCAL REG. Oct. 25 1949 REGISTRAR'S SIGNATURE Mrs. Jas. Devere (Deputy)
24. FUNERAL DIRECTOR Roy M Perry ADDRESS 4601 - 5th St. N.W. Wash. D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

Wasserman – negative
No clinical signs of syphilis – Dr. Logan – ans. to routine query
11/22/49. A.S.

RECEIVED
OCT 28 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09978

CERTIFICATE OF DEATH

Reg. Dist. No. 245

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Berwyn; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS Mother Jones Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Washington COUNTY DC; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN; STREET ADDRESS (If rural give location) 223 Seaton Place NE

3. NAME OF DECEASED (Type or Print): (First) MARGARET (Middle) C. (Last) KNIGHT

4. DATE OF DEATH: (Month) 10 (Day) 29 (Year) 1949

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: Unknown about 1862

9. AGE last birthday: 87 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: At home

11. BIRTHPLACE (State or foreign country): Philadelphia, Pa

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Smith

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: Marie Riordon Daughter

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) SENILITY

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) GENERALIZED ARTERIOSCLEROSIS

(c)

450.0

97

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from SEPT, 1949, to OCT, 1949, that I last saw the deceased alive on Oct 27, 1949, and that death occurred at 5:40 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Bernard A. Fitzgerald MD 501 Malcolm Dr. S.S. Md 10-29-49

23. BURIAL, CREMATION REMOVAL (Specify): Burial DATE Nov 1, 1949 NAME OF CEMETERY OR CREMATORY: Cedar Hill LOCATION (City, town, or county) (State): Suitland Md

DATE REC'D BY LOCAL REG. Oct. 31" 1949 REGISTRAR'S SIGNATURE: Mrs. Jas. Severe Deputy

24. FUNERAL DIRECTOR: F. Gasch's Son ADDRESS: Hyattsville Md

VS. A15

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NOV 2 1949
BUREAU T. S.

Evidence for additions in #18b & #21 shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09979

FILM No. G 122 NOV 22 1949

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH
COUNTY Prince George — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly, Maryland
LENGTH OF STAY (In this place) 2 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince George Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY Prince Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Rainier, Md.
STREET ADDRESS (If rural, give location) 3007 Upshur Street

3. NAME OF DECEASED (Type or Print): (First) Edward (Middle) F. (Last) Laughton

4. DATE OF DEATH: (Month) Oct. (Day) 6, (Year) 1949

5. SEX: M. | 6. COLOR OR RACE: W. | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) | 8. DATE OF BIRTH: May 24 1860 | 9. AGE last birthday: 89 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Machinist - retired
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Richmond, Va.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Lymand Laughton
14. MOTHER'S MAIDEN NAME: Addie Pingo

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mrs. Flora Baker

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebral Thrombosis	3 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Intertrochanteric Fracture Rt. Hip as a result of cerebral accident (Cerebral Hemorrhage)	3 days
331 83a	(c) Generalized Arteriosclerosis Cerebral Peripheral	years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): No
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: At home
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): 3 days ante mortem m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? as a result of cerebral accident

22. I hereby certify that I attended the deceased from Oct 3, 1949, to Oct 6, 1949, that I last saw the deceased alive on Oct 6, 1949, and that death occurred at 6:30 P. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Benjamin S. Miller	M.D.	3824-34 St Mt. Rainier Md	Oct 7 1949

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
	10/8/49	Fort Lincoln Cemetery	Colmar Manor, Md.

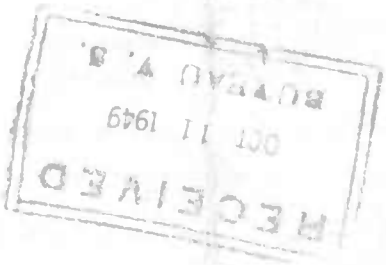
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
10/8/49	Amanda Downey	Wm. J. Talley	3200 - B. D. Ave Mt. Rainier Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

Notified + approved by Dr. John Maloney — Oct 7 49 B Shiller



MARYLAND STATE DEPARTMENT OF HEALTH 09980

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 231

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly — LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges General

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Pr. Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Landover Hills
STREET ADDRESS (If rural, give location) 6906 Annapolis Rd.

3. NAME OF DECEASED (Type or Print): (First) Laura (Middle) (Last) Littleford

4. DATE OF DEATH: (Month) October (Day) 10 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: June 8, 1870

9. AGE last birthday: 79 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Milton Jones

14. MOTHER'S MAIDEN NAME: Willie E. Gardiner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: Blair S. Riggles - Son-in-law

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

442 **Immediate cause** (a) C.C. - congestive heart failure

131a **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardiovascular renal disease

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, OF office hldg., etc.) INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

John J. Maloney M.D. Dep. Medical Examiner - Cheverly Hyattsville Md 10-10-49

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE THEREOF: 10-12-49 | NAME OF CEMETERY OR CREMATORY: Congressional | LOCATION (City, town, or county) (State): Wash. D.C.

DATE REC'D BY LOCAL REG. Oct. 10, 1949 | REGISTRAR'S SIGNATURE: Amanda Downey | 24. FUNERAL DIRECTOR ADDRESS: Robert A. Mattingly 131-11th St S.E. Wash. D.C.

VS. A15A

RECEIVED
OCT 12 1949
BUREAU V. B.

MARYLAND STATE DEPARTMENT OF HEALTH

09981

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 243

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH — COUNTY: Bowie Pr Geo Co — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bowie — LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md. — COUNTY: Pr Geo
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Bowie
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) NATALO (Middle) (Last) MARTELLI

4. DATE OF DEATH: (Month) October (Day) 26 (Year) 1949

5. SEX: Male — 6. COLOR OR RACE: White — 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed — 8. DATE OF BIRTH: 12/25/84 — 9. AGE last birthday: 65 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Labor-Crossed veteran — 10b. KIND OF BUSINESS OR INDUSTRY: — 11. BIRTHPLACE (State or foreign country): Italy — 12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: ? — 14. MOTHER'S MAIDEN NAME: ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If year, give war or dates of service): 1917-1919 — 16. SOCIAL SECURITY No.: None — 17. INFORMANT AND ADDRESS: Mrs Lockett Bowie Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Hemorrhage — 2 days

331 Antecedent cause(s) (b) Hypertension — unknown

83a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) Auricular fibrillation — unknown

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 24, 1949, to Oct 26, 1949, that I last saw the deceased alive on Oct 25, 1949, and that death occurred at 7 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title): J M Warren MD — ADDRESS: Laurel Md — DATE SIGNED: 10/26/49

23. BURIAL, CREMATION, REMOVAL (Specify) — DATE: Oct 31-1949 — NAME OF CEMETERY OR CREMATORY: Arlington National — LOCATION (City, town, or county): Va — (State):

DATE RECD BY LOCAL REG.: Oct. 30, 1949 — REGISTRAR'S SIGNATURE: Mrs. Agnes M. Ginging

24. FUNERAL DIRECTOR: M. Flading Sons — ADDRESS: Bowie Md

VS. A15

RECEIVED
NOV 1 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

09982

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 2-31

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH — COUNTY: Prince George — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Near Bladensburg — LENGTH OF STAY (in this place): Transit
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Simms Hill.

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington D.C.
STREET ADDRESS (If rural, give location): 619-6 St. N.E. ✓

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Lawrence	Hall	Matthews	Oct	16	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	W	Single	11-4-29	20 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Apprentice Fireman
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): N. Carolina
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Leonard J. Matthews
14. MOTHER'S MAIDEN NAME: Louisi Barber.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.:
17. INFORMANT: Father

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Fracture of base of skull.	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Compound fracture of both legs.	
	(c) Hemorrhage & shock.	

E819.5
M0C

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Street	(CITY OR TOWN): Near Bladensburg	(COUNTY): Pr. Geo.	(STATE): Md.
TIME OF INJURY (Month) (Day) (Year) (Hour): Oct 16, 1949 2 4 m.	INJURY OCCURRED While at work ☐ Not while at work ☒	HOW DID INJURY OCCUR? Collision of automobile with telegraph pole		

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
John J. Maloney M.D. Dep. Med. Examiner	Cheverly, Hyattsville, Md.	10-16-49.

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
	10-1949	Ft. Lincoln	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Oct. 16 1949	Amanda Downey	W. W. Chambers Co	517-11 St

VS. A15A

RECEIVED
OCT 19 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

09983

Reg. Dist. No. 242

1. PLACE OF DEATH: COUNTY Prince George's MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE District of Columbia COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Suitland — LENGTH OF STAY (in this place) Transient	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
HOSPITAL OR INSTITUTION OR STREET ADDRESS North Gate # 3, Census Bldg	STREET ADDRESS (If rural, give location) 1816 T Street S.E. ✓

3. NAME OF DECEASED (Type or Print)	(First) Rocco	(Middle) Dominic	(Last) Mayo	4. DATE OF DEATH	(Month) 10 (Day) 19 (Year) 1949
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH 1/7/1907	9. AGE last birthday 42 yrs.	If under 1 year Months / Days; If under 24 hrs. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Elevator mechanic	10b. KIND OF BUSINESS OR INDUSTRY U. S. Govt.	11. BIRTHPLACE (State or foreign country) New York	12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME Mayo	14. MOTHER'S MAIDEN NAME Grace				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WW # II	16. SOCIAL SECURITY NO.	17. INFORMANT Rose V. Mayo			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

914.5 Immediate cause (a) Shock

193 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Electrocution

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE OF INJURY (Home, farm, factory, street, office, bldg., etc.) Street	(CITY OR TOWN) Suitland	(COUNTY) P. G.	(STATE) Md.
TIME OF INJURY (Month) 10 (Day) 19 (Year) 49 (Hour) 2pm.	INJURY OCCURRED While at work ☒ Not while at work ☐	HOW DID INJURY OCCUR? Took a hold of charged wire		

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
James I. Boyd	M. D.	Forestville	10/19/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF 10/21/49	NAME OF CEMETERY OR CREMATORY Arlington National	LOCATION (City, town, or county) (State) Arlington Va.
DATE REC'D BY LOCAL REG. 11-1-49	REGISTRAR'S SIGNATURE Carrie Campbell g.	24. FUNERAL DIRECTOR Wm. J. Nalley	ADDRESS 3200-R.I. Ave. Mt. Rainier, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

09984

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 243

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH — COUNTY: Prince George's — MARYLAND
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: (rural) Glenn Dale
   LENGTH OF STAY (in this place): 1mo., 25 days
   HOSPITAL OR INSTITUTION OR STREET ADDRESS: Glenn Dale Sanatorium

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: D. C. — COUNTY:
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington ✓
   STREET ADDRESS (If rural, give location): 1125 Spring Road N.W. (Home for Aged-Jewish Society)

3. NAME OF DECEASED (Type or Print): (First) JACOB (Middle) MEYER (Last)

4. DATE OF DEATH: (Month) October (Day) 22 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: June 10, 1878

9. AGE last birthday: 71 yrs. — If under 1 year: Months. Days. — If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Grocer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Russia

12. CITIZEN OF WHAT COUNTRY? ?

13. FATHER'S NAME: Jacob Meyer

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If year, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Decedent

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

002 **Immediate cause** (a) Coronary Occlusion — Interval between onset and death: one day

13b **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Pulmonary Tuberculosis — 2 months

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.):

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-24, 1949 to 10-22, 1949 that I last saw the deceased alive on 10-22, 1949 and that death occurred at 4.55 P.m., from the causes and on the date stated above.

SIGNATURE: Daniel Leo Finucane (Degree or title): M.D. ADDRESS: Glenn Dale Sanatorium, Glenn Dale, Maryland DATE SIGNED: 10/22/49

23. BURIAL, CREMATION, REMOVAL (Specify) DATE: 04.24th 1949 NAME OF CEMETERY OR CREMATORY: Hebrew Cemetery LOCATION (City, town, or county): Washington (State): D.C.

DATE REC'D BY LOCAL REG. 10/22/49 REGISTRAR'S SIGNATURE: Rowland S. Phillips

24. FUNERAL DIRECTOR: Goldberg Funeral Home ADDRESS: 4217-9th St. N.W. Washington D.C.

RECEIVED
NOV 1 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

09985

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 242

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Prince George — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville Md. — LENGTH OF STAY (in this place) 1 year
HOSPITAL OR INSTITUTION OR STREET ADDRESS Mother Jones Rest Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE D.C. — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN WASHINGTON
STREET ADDRESS (If rural give location) 713-19th St. N.W.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
FANNIE	E.	MICHINARD	OCT.	2	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
FEMALE	WHITE		2/20/1868	81 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At home
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): ALEXANDRIA VA.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Wm. H. Carlin
14. MOTHER'S MAIDEN NAME: Frances Eskridge

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Rest Home records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

450.0 **Immediate cause** (a) RENAL INSUFFICIENCY (UREMIA) — 4 DAYS

Antecedent cause(s)

97 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) GENERALIZED ARTERIOSCLEROSIS

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Feb, 1949, to Oct 2, 1949, that I last saw the deceased alive on Sept 29, 1949, and that death occurred at 3:30 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Bernard A. Fitzgerald MD	802 Malcolm Dr. Silver Spring Md	10/2/49

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
BURIAL	10-4-49	MT. OLIVET	WASH. D.C.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
DEC. 3, 1949	Carrie Campbell	Jos. Bowler's Sons	Wash. D.C.

VS. A15

RECEIVED
OCT 6 1949
BUREAU V. A.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

09986

Reg. Dist. No. 242

1. PLACE OF DEATH:
County: Prince George
City or town: 6412 Buchanan St
(If outside city or town limits, write RURAL and give nearest town)
Maryland Park, Md
How long in above place of death? 17 yrs.
Hospital, institution, or street address where death occurred: at home
How long in hospital or institution? —

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Pr. George
City or town: Maryland Park, Md
(If outside city or town limits, write RURAL and give nearest town)
Street No.: 6412 - Buchanan St.
(If rural, give LOCATION)
2.(a) If veteran, name war: none —

3. (a) FULL NAME
Ida May Moog

3. (b) Social Security Number
none

4. Sex: Fem
5. Color or race: white
6.(a) Single, married, widowed, or divorced: married
6.(b) Name of husband or wife: Louis John Moog
6.(c) If alive, give age: 65 years
7. Birth date of deceased (mo., day, yr.): June 2, 1878

8. AGE: Years: 71 | Months: | Days: | If less than one day: ..... hrs. ..... min.

9. Birthplace: Rosylu, Virginia
(Town, county, and state)
10. Usual occupation: Housewife Domestic
11. Industry or business: at home
FATHER
12. Name: Joseph Claton Jones
13. Birthplace: unk.
MOTHER
14. Maiden name: unk.
15. Birthplace: "
16. Informant: Louis John Moog
Address: 6412 - Buchanan St Maryland Park, Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof: Oct 28 1949 (month) (day) (year)
Cemetery or crematory: Cedar Hill Cemetery.
Location: Suitland, Maryland
18. Funeral director: Simmons Bros.
Address: 2007 - Nichols Ave S. E.
19. Oct. 25 1949 (Date rec'd by registrar) Edna F. Collins Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Oct 25 1949, at 11 30 A. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 1 1948 to Oct 25 1949 and that I last saw her alive on Oct 25 1949

Immediate cause of death: acute myocardial decompensation — DURATION: 6 hrs

Due to: General Arterio Sclerosis with Coronary Sclerosis — unknown

~~Due to~~ 420.1

Other conditions: none of note except attributed to Arteriosclerosis. — 93d
(Include pregnancy within 3 months of death)

Major findings of operations: none
Date of op.: none

Autopsy results: none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: — Date of: —
Where did injury occur? — (City or town) — (County) — (State)
Injured at home, farm, industry, public place (where?): —
Means of injury: — Injured at work? —

23. SIGNATURE: [signature] M. D. or other
Address: Washington 19 DC Date signed: Oct 25 1949

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15M

RECEIVED
OCT 29 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

09987

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 231

1. PLACE OF DEATH: COUNTY Prince George MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly, Md
LENGTH OF STAY (in this place) D.O.A.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges Gen. Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington, D.C.
STREET ADDRESS (If rural, give location) 6608 - 14th Street, N.W.

3. NAME OF DECEASED (Type or Print) (First) Ithamar (Middle) Bellows (Last) Peters
4. DATE OF DEATH (Month) Oct (Day) 21 (Year) 1949
5. SEX M
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Aug. 9, 1877
9. AGE last birthday 72 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Foreman
10b. KIND OF BUSINESS OR INDUSTRY Painter
11. BIRTHPLACE (State or foreign country) Weston - Maine
12. CITIZEN OF WHAT COUNTRY? U.S.G.
13. FATHER'S NAME Ruel Peters
14. MOTHER'S MAIDEN NAME Julia Gilpatrick
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. 578-01-4021
17. INFORMANT Terry J. McAdams - Son-in-law.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1 Immediate cause (a) Coronary Occlusion

131a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardiovascular renal disease

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
John J. Maloney M.D. Dep. Med. Examiner - Cheverly Hyattsville, Md 10-21-49

23. BURIAL, CREMATION REMOVAL (Specify) Cremation
DATE THEREOF Oct 24, 1949
NAME OF CEMETERY OR CREMATORY Cedar Hill Crematory
LOCATION (City, town, or county) (State) Suitland Md

DATE REC'D BY LOCAL REG. Oct 23 1949
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR F. Gasch Sons ADDRESS Hyattsville Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
OCT 25 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

09988

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 245

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Riverdale
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Pronounced dead on arrival Seland Memorial Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Berwyn
STREET ADDRESS (If rural, give location) Park Lane Cabins

3. NAME OF DECEASED (Type or Print) (First) Carol (Middle) Lee (Last) Posenjak

4. DATE OF DEATH (Month) Oct (Day) 12 (Year) 1949

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH May 30, 1944
9. AGE last birthday 5 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) —
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) Bremington, Washington
12. CITIZEN OF WHAT COUNTRY? USG

13. FATHER'S NAME Joseph S. Posenjak
14. MOTHER'S MAIDEN NAME Alta V. Gildow

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Mother

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

812.5 Immediate cause (a) Fracture dislocation of cervical vertebrae

170C Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Struck by automobile

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Street (CITY OR TOWN) Berwyn - (COUNTY) Pr. Georges (STATE) Md.
TIME OF INJURY (Month) 10 (Day) 12 (Year) 49 (Hour) 608 P.m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR? Struck by automobile while waiting in safety zone

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
John J. Maloney M.D. Dep. Med. Examiner Cheverly Hyattsville Md 10-12-49

23. BURIAL, CREMATION REMOVAL (Specify) transportation
DATE THEREOF Oct 13. 1949
NAME OF CEMETERY OR CREMATORY Ebenezer Cemetery
LOCATION (City, town, or county) Ebenezer (State) N.Y.

DATE REC'D BY LOCAL REG. Oct 13 1949
REGISTRAR'S SIGNATURE James Sevey
24. FUNERAL DIRECTOR F. Gasch's sons ADDRESS Hyattsville Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
OCT 15 1949
BUREAU T. S.

09989

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 231

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN near Bladensburg, Md. LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Defense Highway, Simon's Hill

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE D.C. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 1122--13th Street, N.W. ✓

3. NAME OF DECEASED (Type or Print) (First) Catherine (Middle) (Ontiveros) (Last) Prince
4. DATE OF DEATH (Month) Oct. (Day) 16th, (Year) 1949
5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH Feb.20,1926
9. AGE last birthday 23 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Waitress
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Washington, D.C.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Jesse Haifleigh
14. MOTHER'S MAIDEN NAME Emily French McWilliamson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. Unknown
17. INFORMANT Melvin A. Haifleigh (Brother)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

819.5 Immediate cause (a) Compound fracture of skull

170C Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Crushed chest - fractured humerus & mandible

(c) Automobile accident

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) N. Bladensburg (COUNTY) P.G. (STATE) Md.
TIME OF INJURY (Month) (Day) (Year) (Hour) 10 - 16 - 49 m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR? Collision with pole

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
John J. Maloney M.D. Dep. Med. Exam. Cheverly - Hyattsville, Md. 10-17-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Oct. 21/49
NAME OF CEMETERY OR CREMATORY Cedar Hill Cemetery
LOCATION (City, town, or county) Suitland, Pr.Geo. (State) Md.
DATE REC'D BY LOCAL REG. Oct. 21, 1949
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR W.W.Chambers Company, ADDRESS Riverdale, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
OCT 25 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

09930

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 245

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Pr. Georges County — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Riverdale | LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Pronounced at Leland Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Pr. Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville
STREET ADDRESS (If rural, give location) 6811 Riggs Road

3. NAME OF DECEASED (Type or Print): (First) John (Middle) Thomas (Last) Pullen
4. DATE OF DEATH: (Month) Oct (Day) 15 (Year) 1949
5. SEX: M
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: Aug. 21, 1934
9. AGE last birthday: 15 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Student
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Baltimore, Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Frederick Chas Pullen.
14. MOTHER'S MAIDEN NAME: Nellie J. Funk.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Mrs. E. J. Hand - Friend

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

815.5 **Immediate cause** (a) Hemorrhage & shock

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

170d (b) Fractured skull - crushed pelvis & laceration of

(c) of pelvic blood vessels - Laceration of liver & lung (Rt)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Street | (CITY OR TOWN) Bellville | (COUNTY) Pr. Geo - | (STATE) Md.

TIME (Month) (Day) (Year) (Hour) OF INJURY 10-15-49-2.33P m. | INJURY OCCURRED While at work ☐ Not while at work ☒ | HOW DID INJURY OCCUR? Collision of motor scooter with dump truck

22. *I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

John J. Malony MD Dep. M.E. Prince Georges Hyattsville, Md. Oct-16-1949

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: Oct 18, 1949 | NAME OF CEMETERY OR CREMATORY: Baltimore Cemetery | LOCATION (City, town, or county) (State): Baltimore Md.

DATE REC'D BY LOCAL REG. 10/17/49 | REGISTRAR'S SIGNATURE: H.W. Hedrick | 24. FUNERAL DIRECTOR | ADDRESS

Dr

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

09991

Reg. Dist. No. 231

1. PLACE OF DEATH: COUNTY Prince Georges Co. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly
LENGTH OF STAY (In this place) 11 year
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2325 Belleview Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly
STREET ADDRESS (If rural, give location) 2325 Belleview Ave.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Harold	Renaud	Reed	Oct.	1	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Married	Dec. 17-1890	58 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Physician X-Ray Tech	Roentgenologist	Pennsylvania	Yes

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
See Reed	Caroline Grambe

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
Yes World War I		Dorothy Reed - Wife

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary occlusion	Sudden
420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cardio vascular Renal disease	
131a	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Essential Hypertension

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY m.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?		

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
John J. Maloney M.D.	Dep. Med. Exam.	Cheverly Hyattsville, Md	10-2-49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	Oct 3, 1949	Cedar Hill	Suitland	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Oct 3 '49	Amanda Mooney	F. Gascho & Son	Hyattsville Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct one is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
OCT 4 1949
BUREAU V. S.

09992

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 243

1. PLACE OF DEATH: COUNTY Pr. Georges MARYLAND Mitchellville
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mitchellville Md
LENGTH OF STAY (in this place) 25 yr
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Mitchellville COUNTY Pr. Geo. Md
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) Nellie Maud (Middle) Rogers (Last)
4. DATE OF DEATH (Month) Oct (Day) 22 (Year) 1949
5. SEX female
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widow
8. DATE OF BIRTH Dec 3 1871
9. AGE last birthday 77 yrs. If under 1 year Months 10 Days 12 If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) house wife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Alabama
12. CITIZEN OF WHAT COUNTRY? U.S
13. FATHER'S NAME James Ingalls
14. MOTHER'S MAIDEN NAME Rebecca Bowers
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Mrs Henry Wilson

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
15+ Immediate cause	(a) Carcinoma of Rectum	2 yrs
46d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) secondary Anemia	4 yrs
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis — 10 yrs

19a. DATE OF OPERATION none
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) no
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) none m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Sept 1, 1949, to Oct 22, 1949, that I last saw the deceased alive on 18, 1949, and that death occurred at 9:15A m., from the causes and on the date stated above.

SIGNATURE Dr. James G. Sasscer (Degree or title) ADDRESS Upper Marlboro - Md DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) buried
DATE THEREOF Oct 24 1949
NAME OF CEMETERY OR CREMATORY Mt Oak cemetery
LOCATION (City, town, or county) Mitchellville (State) Md
DATE REC'D BY LOCAL REG. Oct 24-49
REGISTRAR'S SIGNATURE Louise H Peach
24. FUNERAL DIRECTOR Clarence Foreacre ADDRESS Mitchellville Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

R.E.
NOV 1 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

09993239

Reg. Dist. No. ~~[illegible]~~

1. PLACE OF DEATH — COUNTY: Prince George — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Laurel Md — LENGTH OF STAY (in this place): 1 yr
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Warren Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md — COUNTY: Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Ritchie Md
STREET ADDRESS (If rural, give location): 6687 White Heights Rd

3. NAME OF DECEASED (Type or Print): Nettie (First) Elizabeth (Middle) Rush (Last)
4. DATE OF DEATH: Oct (Month) 30 (Day) 1949 (Year)

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: July 17-1877
9. AGE last birthday: 72 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10b. KIND OF BUSINESS OR INDUSTRY: own home
11. BIRTHPLACE (State or foreign country): Va
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: ? Lucky
14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): no
16. SOCIAL SECURITY No.: None
17. INFORMANT AND ADDRESS: Walter Rush

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Hypertensive Cardio-Vas. disease	2 yr.
Antecedent cause(s)	(b) Cerebral Thrombosis.	3 mo
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) Phlebothrombosis	2 mo

443

93d

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Rectal Fistula — 1 yr.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8 19, 1949, to 10 30, 1949, that I last saw the deceased alive on 10 30, 1949, and that death occurred at 8.23 Am., from the causes and on the date stated above.

SIGNATURE: B. P. Warren (Degree or title) M.D. — ADDRESS: Laurel Md — DATE SIGNED: 10 30 49

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE: Nov 2, 1949
NAME OF CEMETERY OR CREMATORY: Bethel Cemetery
LOCATION (City, town, or county) (State): Alexandria Va

DATE REC'D BY LOCAL REG.: Oct. 31, 1949
REGISTRAR'S SIGNATURE: Mrs. Jas. Severe (Deputy) M. Brashears
24. FUNERAL DIRECTOR: F. Gascho sons — ADDRESS: Hyattsville Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

RECEIVED
OCT 4 1949
BUREAU V. R.

09994

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 239

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Laurel
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4th & Prince Georges St

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Pr. Geo
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Laurel, Md.
STREET ADDRESS (If rural, give location) Montgomery Road.

3. NAME OF DECEASED (Type or Print) (First) Susie (Middle) (Last) Slye

4. DATE OF DEATH (Month) Oct - (Day) 1st (Year) 1949

5. SEX F
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH June 13, 1875
9. AGE last birthday 74 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Rockingham Co. Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.G.

13. FATHER'S NAME Ben Hanney
14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Reverend B. M. Slye

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

816.5 Immediate cause (a) Fractured skull & neck

170c Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Crushed chest -

(c) Automobile collision

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) Accident
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Street
(CITY OR TOWN) Laurel (COUNTY) Pr Georges (STATE) Md.
TIME OF INJURY (Month) (Day) (Year) (Hour) 10-1-49 1:10 P m.
INJURY OCCURRED While at Work ☐ Not While At work ☒
HOW DID INJURY OCCUR? Collision of 2 automobiles

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at 1:10 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
John J. Maloney, M.D. Dep. Med. Examiner - Hyattsville, Md 10-1-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF October 4, 1949
NAME OF CEMETERY OR CREMATORY Methodist Cemetery
LOCATION (City, town, or county) (State) Shenandoah, Virginia

DATE REC'D BY LOCAL REG. Oct 3-49
REGISTRAR'S SIGNATURE M. Brashears
24. FUNERAL DIRECTOR De Witt Donaldson ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
OCT 6 1949
BUREAU V. R.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

09995

Reg. Dist. No. 243

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY: Prince George's — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: (rural) Glenn Dale
LENGTH OF STAY (in this place): 6mos., 7days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Glenn Dale Sanatorium

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: D. C. — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington
STREET ADDRESS (If rural, give location): 13 Bass Circle S. E. ✓

3. NAME OF DECEASED (Type or Print): (First) JUANITA (Middle) C (Last) TAYLOR

4. DATE OF DEATH: (Month) 10 (Day) 30 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: February 28, 1932

9. AGE last birthday: 17 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): (Student)

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Washington, D. C.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Jordan Taylor

14. MOTHER'S MAIDEN NAME: Mary Boone

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If year, give war or dates of service):

16. SOCIAL SECURITY No.: None

17. INFORMANT AND ADDRESS: Decedent

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Retroperitoneal tuberculous lymphadenitis with obstruction secondary to — Interval Between Onset and Death: 9 months

Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

002
13b

(b) Tuberculous salpingitis — 9 months

(c) Tuberculous peritonitis — 1 month

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death. Pulmonary tuberculosis — 19 months

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/23, 1949, to 10/30, 1949, that I last saw the deceased alive on 10/30, 1949, and that death occurred at 8:20 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Daniel Roe Finucane M.D. — ADDRESS: Glenn Dale, Md. — DATE SIGNED: Oct 30/49

23. BURIAL, CREMATION OR REMOVAL (Specify): Burial — DATE: Nov 3, 1949 — NAME OF CEMETERY OR CREMATORY: Woodlawn Cem. — LOCATION (City, town, or county) (State): Washington, D. C.

DATE REC'D BY LOCAL REG. 10/31/49 — REGISTRAR'S SIGNATURE: Rowland S. Philips

24. FUNERAL DIRECTOR: H. S. Washington & Son — ADDRESS: 467 N St. NW

RECEIVED
NOV 10 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

09996

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 242

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Morningside
LENGTH OF STAY (In this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 6161 - Suitland Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Morningside
STREET ADDRESS (If rural, give location) 6161 Suitland Road

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Martha	Jane	Thomas	10	17	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	Colored	Widow	July 17, 1870	79 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Cook	Private Family	Maryland	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Richard R. Thomas	Mary Anne Savoy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No			Mary Anne Poulson

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
442 Immediate cause	(a) Uremia	
181a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cardiovascular renal disease	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
m.		

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
James J. Boyd	M.D	Forestville Md	10-17-49

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Oct 19 1949	Lincoln Memorial	Suitland, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Oct. 18. 1949.	Edna F. Collins	Ritchie Bros.	Upper Marlboro Maryland.

VS. A15A

RECEIVED
OCT 24 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

09997

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 243

M

1 MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Prince George's MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN (rural) Glenn Dale; LENGTH OF STAY (in this place) 2 mos., 12 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS Glenn Dale Sanatorium

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE D. C. COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington; STREET ADDRESS (If rural, give location) 455 Neal Place N. W. ✓

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
JAMES	W.	THORNTON	OCT.	11	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
Male	Negro	Widowed	March 28, 1908	41 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Garage Attendant		Brunswick, Virginia	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
James W. Thornton	Anna Johnson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No	579-24-1692	Decedent

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Pulmonary Tuberculosis	7 mo.
002 Antecedent cause(s)		
13b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from JULY 29, 1949, to OCT. 11, 1949, that I last saw the deceased alive on OCT. 11, 1949, and that death occurred at 8:45 P. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Daniel Lee Duncan	M. D.	Glenn Dale Sanatorium Glenn Dale, Maryland	10/11/49

23. BURIAL, CREMATION / REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Removal	10-12-49	Washington, D.C.	Washington D.C.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
10-12-49	Rowland S. Phillips	Frazier's Funeral Home	389 Rhode Island Ave N.W. Wash., D.C.

RECEIVED
OCT 18 1949
BUREAU Y. S.

MARYLAND STATE DEPARTMENT OF HEALTH

09998

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 242

1. PLACE OF DEATH
COUNTY Prince George MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural
LENGTH OF STAY (in this place) 9 weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7274 Palmer Road S.E.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Pennsylvaania COUNTY McKean Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Eldred
STREET ADDRESS (If rural, give location) King Street ✓

3. NAME OF DECEASED (Type or Print): (First) MAUDE (Middle) ALICE (Last) TODD

4. DATE OF DEATH: (Month) Oct (Day) 7 (Year) 1949

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 7-3-84

9. AGE last birthday: 65 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Port Allegheny, Pa.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: William S. Valentine

14. MOTHER'S MAIDEN NAME: Caroline Taylor

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT: George Valentine

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

157 Immediate cause (a) Carcinoma Head of Pancreas — Interval Between Onset and Death: 10-12 Mos.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

469 (b) No

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. No

19a. DATE OF OPERATION: June 16, 1949

19b. MAJOR FINDINGS OF OPERATION: Carcinoma Head of Pancreas - Operated by Dr. Mosser Kane, Pa. 6/16/49

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from August 20, 1949, to October 7, 1949, that I last saw the deceased alive on October 4, 1949, and that death occurred at 8:41 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Lawrence M. Brennan Jr. M.D. October 7, 1949

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 10-8-49 | NAME OF CEMETERY OR CREMATORY: Fairview | LOCATION (City, town, or county) (State): Port Allegheny, Pa.

DATE REC'D BY LOCAL REG.: Oct. 8-1949 | REGISTRAR'S SIGNATURE: Carrie L. Campbell.

24. FUNERAL DIRECTOR ADDRESS: J. WM. LEE'S SON'S CO * WASH. D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
OCT 13 1949
BUREAU T. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

0999

Reg. Dist. No. 243

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH — COUNTY: Prince George's — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: (rural) Glenn Dale
LENGTH OF STAY (in this place): 5mos., 16 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Glenn Dale Sanatorium

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: D. C. — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington
STREET ADDRESS (If rural, give location): 621 Eye St. N. E.

3. NAME OF DECEASED (Type or Print): (First) GROVER (Middle) C. (Last) VAUGHN

4. DATE OF DEATH: (Month) Oct. (Day) 16th (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Sept. 25, 1904

9. AGE last birthday: 45 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Stockman

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): El Paso, Texas

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Helen Shadowens

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 166-05-0838

17. INFORMANT AND ADDRESS: Decedent

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary Tuberculosis — Interval between onset and death: 9 Mos.

002

Antecedent cause(s)

13b Diseases or conditions, if any, giving rise to the above cause statiog the underlying cause last

(b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr. 25, 1949, to Oct 11, 1949, that I last saw the deceased alive on Oct 11, 1949, and that death occurred at 10:45 a.m., from the causes and on the date stated above.

SIGNATURE: Daniel Lee Finucane — (Degree or title): M.D. — ADDRESS: Glenn Dale Sanatorium, Glenn Dale, Maryland — DATE SIGNED: 10/11/49

23. BURIAL, CREMATION, REMOVAL (Specify): Washington DC — DATE: 10-12-49 — NAME OF CEMETERY OR CREMATORY — LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG. 10/12/49 — REGISTRAR'S SIGNATURE: Rowland S. Phillips

24. FUNERAL DIRECTOR: W. W. Chambers — ADDRESS: 517 11th St. S.E.

RECEIVED
OCT 18 1949
BUREAU U. S.

Evidence for change of age shown on:

FILM No. 6 122 NOV 1 1949

10000

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly Md
LENGTH OF STAY (in this place) 2 weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brentwood Md
STREET ADDRESS (If rural give location) 4301 - 41 st

3. NAME OF DECEASED (Type or Print) (First) VICTOR (Middle) EUGENE (Last) VIOLLAND

4. DATE OF DEATH (Month) Oct (Day) 24. (Year) 1949

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH 2/15/1867
9. AGE last birthday ~~83~~ 82 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Washington Terminal
10b. KIND OF BUSINESS OR INDUSTRY Retired
11. BIRTHPLACE (State or foreign country) Indiana
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Eugene L. Violland
14. MOTHER'S MAIDEN NAME Josephine Strecker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) No
16. SOCIAL SECURITY NO. —
17. INFORMANT Mr. Eugene Violland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Thrombosis of Left femoral artery	2 days
Antecedent cause(s)	(b) Generalized Arteriosclerosis and Senility	3 years
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) Bronchiectasis	10 years

526

106 b

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12.23, 1946 to 10-24, 1949, that I last saw the deceased alive on 10.24, 1949, and that death occurred at 7:20 p.m., from the causes and on the date stated above.

SIGNATURE U B Moyers (Degree or title) M.D. ADDRESS Mt. Rainier Md. DATE SIGNED 10.25.49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE Oct 27, 1949
NAME OF CEMETERY OR CREMATORY Mt Olivet
LOCATION (City, town, or county) Washington (State) Dc

DATE REC'D BY LOCAL REG. 10/26/49
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR F. Gesche sons Hyattsville Md ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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OCT 27 1949
BUREAU U. S.

AGE & BIRTHDATE: DR. DEITZ' LETTER FILMED G 122 10-31-49 L

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10001

CERTIFICATE OF DEATH

Reg. Dist. No. 245

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Berwyn
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince Georges
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Berwyn Md
STREET ADDRESS (If rural, give location) 9511 - 49 Ave

3. NAME OF DECEASED (Type or Print) (First) Florence (Middle) Lee (Last) Walker
4. DATE OF DEATH (Month) Oct (Day) 20, (Year) 1949

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Aug 26. 1881
9. AGE last birthday 67 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) Michigan
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Frank J. Lee
14. MOTHER'S MAIDEN NAME Jessie Stephenson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT AND ADDRESS Ray E. Walker

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

422.2 Immediate cause (a) Myocardial Insufficiency

Antecedent cause(s)

93e Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-1, 1947, to 10 20, 1949, that I last saw the deceased alive on 10-19, 1949, and that death occurred at 9 A.M. m., from the causes and on the date stated above.

SIGNATURE C Deitz (Degree or title) M D ADDRESS Hyattsville DATE SIGNED Oct 20 1949

23. BURIAL, CREMATION REMOVAL (Specify) Removal
DATE Oct 20" 1949
NAME OF CEMETERY OR CREMATORY Ocean View Cemetery
LOCATION (City, town, or county) Station Island (State) N.Y.

DATE REC'D BY LOCAL REG. Oct. 20", 1949
REGISTRAR'S SIGNATURE Mrs Jas Severe Deputy
24. FUNERAL DIRECTOR F. Gasch's Sons Hyattsville Md ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. ~~106~~ 234

1. PLACE OF DEATH: COUNTY Pr. George MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Accokeek
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Pr. George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Accokeek
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Ernest (Middle) S. (Last) Warder
4. DATE OF DEATH (Month) 10 (Day) 25 (Year) 1949
5. SEX M
6. COLOR OR RACE W
7. ~~SINGLE~~, MARRIED, ~~WIDOWED, DIVORCED~~, (Specify)
8. DATE OF BIRTH about 1881
9. AGE last birthday 68 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY Carpenter
11. BIRTHPLACE (State or foreign country) Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME William H. Warder
14. MOTHER'S MAIDEN NAME ? unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service)
16. SOCIAL SECURITY NO. ?
17. INFORMANT Joseph E. Warder

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

422.1 Immediate cause (a) Acute Cardiac Failure

Antecedent cause(s) — unknown

61 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Diabetes Mellitus

(c) Arteriosclerotic Cardio-vascular disease

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cirrhosis of the Liver

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/25/49, 19....., to 10/25/49, 19....., that I last saw the deceased alive on 10/25/49, 19....., and that death occurred at 11 a. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Edwin L. Lane M.D. ADDRESS DATE SIGNED 10/25/49

23. BURIAL, ~~CREMATION~~ ~~REMOVAL (Specify)~~ DATE 10/28/49 NAME OF CEMETERY OR CREMATORY St. Thomas LOCATION (City, town, or county) Accokeek (State) Md.

DATE REC'D BY LOCAL REG. Oct 28.49 REGISTRAR'S SIGNATURE ~~M. L. Moore~~ Mrs. Allan Davis
24. FUNERAL DIRECTOR Huntt & Ryan ADDRESS Waldorf, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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NOV 1 1949
BUREAU V. S.
RECEIVED
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V. S.

10003

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. ~~237~~

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information correctly. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

1. PLACE OF DEATH:
County: Prince Georges
City or town: Brandywine R.D.
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infant give residence of mother)
State: Md County: P. Geo Co
City or town: Rural Piscataway md
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME Joseph Wood

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Colored	Married

6.(b) Name of husband or wife: Mollie
6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): 9-24-~~##~~ 1894

8. AGE: Years 55 | Months | Days 26 | If less than one day ..... hrs. ..... min.

9. Birthplace: Prince Geo Co (Town, county, and state)
10. Usual occupation: Farmer & Gen Laborer
11. Industry or business
FATHER 12. Name: James Wood
13. Birthplace: Prince Geo Co Md
MOTHER 14. Maiden name: Ann Shorter
15. Birthplace: Prince Geo Co Md
16. Informant: Mollie Wood
Address: Piscataway Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof 10-27-49 (month) (day) (year)
Cemetery or crematory: St Marys
Location: Piscataway Md
18. Funeral director: Hewitt & Ryon
Address: Waldorf Md
19. Oct 24 1949 (Date rec'd by registrar) M. P. Howard Registrar
F. H. Billingsley

MEDICAL CERTIFICATION

20. DATE OF DEATH: October 20 1949 at 6 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 10/14/49 19 to 10/20/49 19 and that I last saw h.. alive on 10/20/49 19

Immediate cause of death	DURATION
Asphyxia	
Due to Cerebral Vascular	
Due to Hemorrhage	
Other conditions 331	
83a (Include pregnancy within 3 months of death)	

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE: Edwin L. Lane M.D. M. D. or other
Address: Waldorf Md Date signed 10/21/49

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BUREAU V. S.

The age of this deceased is incorrect. I know he was in the 70's but do not know the exact number.

Mrs. Alton Davis.

RECEIVED
NOV 1 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10004

CERTIFICATE OF DEATH

Reg. Dist. No. 243

1. PLACE OF DEATH- COUNTY: Prince George's MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED- STATE: D. C. COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: (rural) Glenn Dale — LENGTH OF STAY (in this place): 2mos., 17days	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Glenn Dale Sanatorium	STREET ADDRESS (If rural, give location): 425 - 1st St. N. W. ✓

3. NAME OF DECEASED (Type or Print)	(First) DOREATHA	(Middle) H	(Last) YEAGER	4. DATE OF DEATH (Month) October (Day) 2 (Year) 1949
5. SEX: Female	6. COLOR OR RACE: Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married(sep)	8. DATE OF BIRTH: June 25, 1931	9. AGE last birthday: 18 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country): Washington, D. C.	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME: Walter Hudson		14. MOTHER'S MAIDEN NAME: Helen Johnson		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): No — (If year, give war or dates of service)	16. SOCIAL SECURITY No.: 579-40-5713	17. INFORMANT AND ADDRESS: Decedent		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Pulmonary Tuberculosis — 1 yr, 2 mos

002

Antecedent cause(s)

13b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/15, 1949, to 10/2, 1949, that I last saw the deceased alive on 10/2, 1949, and that death occurred at 8:50 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Daniel Leo Pinucane	M.D.	Glenn Dale Sanatorium, Glenn Dale, Maryland	10/2/49

23. BURIAL, CREMATION REMOVAL (Specify): Removal	DATE: 10/4/49	NAME OF CEMETERY OR CREMATORY:	LOCATION (City, town, or county) (State): Washington D.C.
DATE REC'D BY LOCAL REG.: 10/4/49	REGISTRAR'S SIGNATURE: Rowland S. Philips	24. FUNERAL DIRECTOR: Fords Fun. Home per C. Guringer	ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
OCT 11 1949
BUREAU V. S.